Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED							
		FCL059007	B. WING		06/2	5/2015						
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE									
728 NED MCGIMSEY ROAD												
TRUETT'S FAMILY CARE HOME NEBO, NC 28761												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE							
C 000	Initial Comments		C 000									
	Report of Biennial (Strickland on 06/25	Construction Survey by Frank /2015:										
	facility is currently li all-ambulatory residences respond without any during a fire or other information we surve conformance with the Minimum and Desir Regulations, the applications, the applications of the 1978 Edition North Carolina State 409.1(g) - Resident	lents (able to evacuate and y physical or verbal assistance or emergency). Based on this reyed the facility for the 1977 Family Care Homes and Standards and plicable portions of the 1984 and Regulations for Family oplicable portions of the 2005 (13G) for Family Care Homes in (w/amendments) of the Building Code, Section										
C 174	Building Equipment	Maintained Safe, Operating	C 174									
	EQUIPMENT (a) The building ar mechanical, and plucare home shall be operating condition.	17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and										
	heater installed that	ation, the facility had a water was not in accordance with Plumbing Code. This could										

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED						
		FCL059007	B. WING		06/2	5/2015						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
TRUETT'S FAMILY CARE HOME 728 NED MCGIMSEY ROAD NEBO, NC 28761												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	OULD BE COMPLETE							
C 174	Findings on 06/25/2 The water heater to		C 174									

Division of Health Service Regulation STATE FORM